

Access to surgical care in Africa: a true crisis

Dr. Jakub Gajewski, Royal College of Surgeons in Ireland

NEWS

Home Video World UK Business Tech Science Stories Entertainment & Arts

World Africa Asia Australia Europe Latin America Middle East US & Canada

NEWS

Home Video World UK Business Tech Science Stories Entertainment & Arts He

Health

Five billion people 'have no access to safe surgery'

By Tulip Mazumdar
Global health reporter

Ad closed by Google

Report this ad Why this ad? ▷

'Twice as many die' in Africa after surgery

4 January 2018

f WhatsApp Twitter Email Share

one, funded by readers

Subscribe →

Search jobs

Sign in

Search

Opinion

Sport

Culture

Lifestyle

More

Surgery must be a core part of health care - even in the poorest countries

Surgery-treatable conditions kill more people than TB, Malaria and AIDS combined - how can access to surgery be improved in developing countries?



Advertisement

Ad closed by Google

Report this ad

Why this ad? ▷

The Need



5 BILLION
PEOPLE* LACK ACCESS TO
SAFE AND AFFORDABLE
SURGICAL CARE



**SURGICAL CONDITIONS
ACCOUNT FOR
30% OF THE GLOBAL
DISEASE BURDEN**



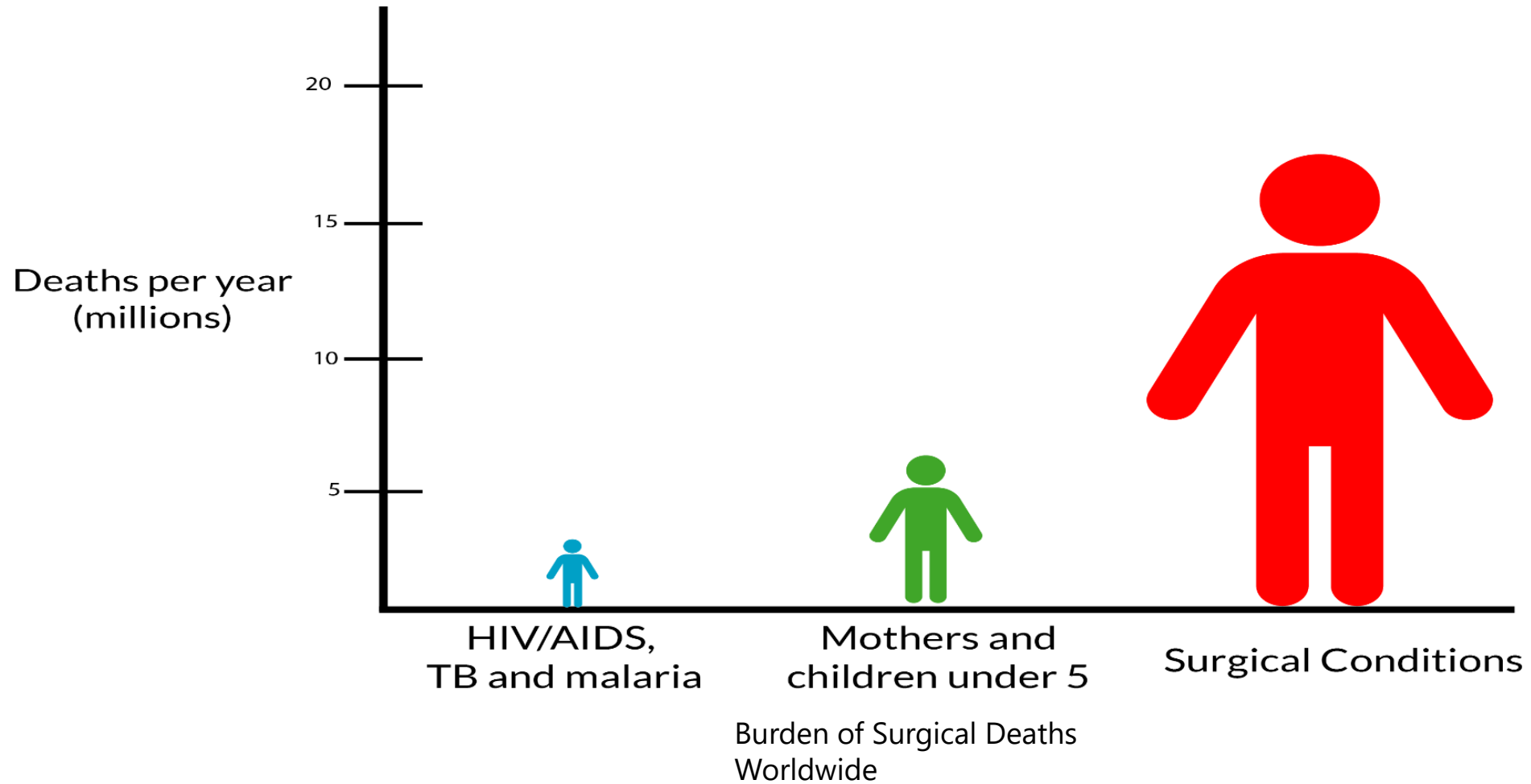
**AFRICA IS MOST
AFFECTED BY THE
LACK OF ACCESS TO
SAFE SURGERY**



**KILLS MORE THAN
HIV, TB & MALARIA
COMBINED - LANCET**

*Alkire et al. Lancet Global Health, 2015

The Need



The Need



143 million

additional surgical procedures are needed each year to save lives and prevent disability



33 million

individuals **face catastrophic health expenditure** due to payment for surgery and anesthesia each year

Investment in surgical and anesthesia services is **affordable**, saves lives, and promotes economic growth

Surgery is an indivisible, indispensable part of health care

The Need

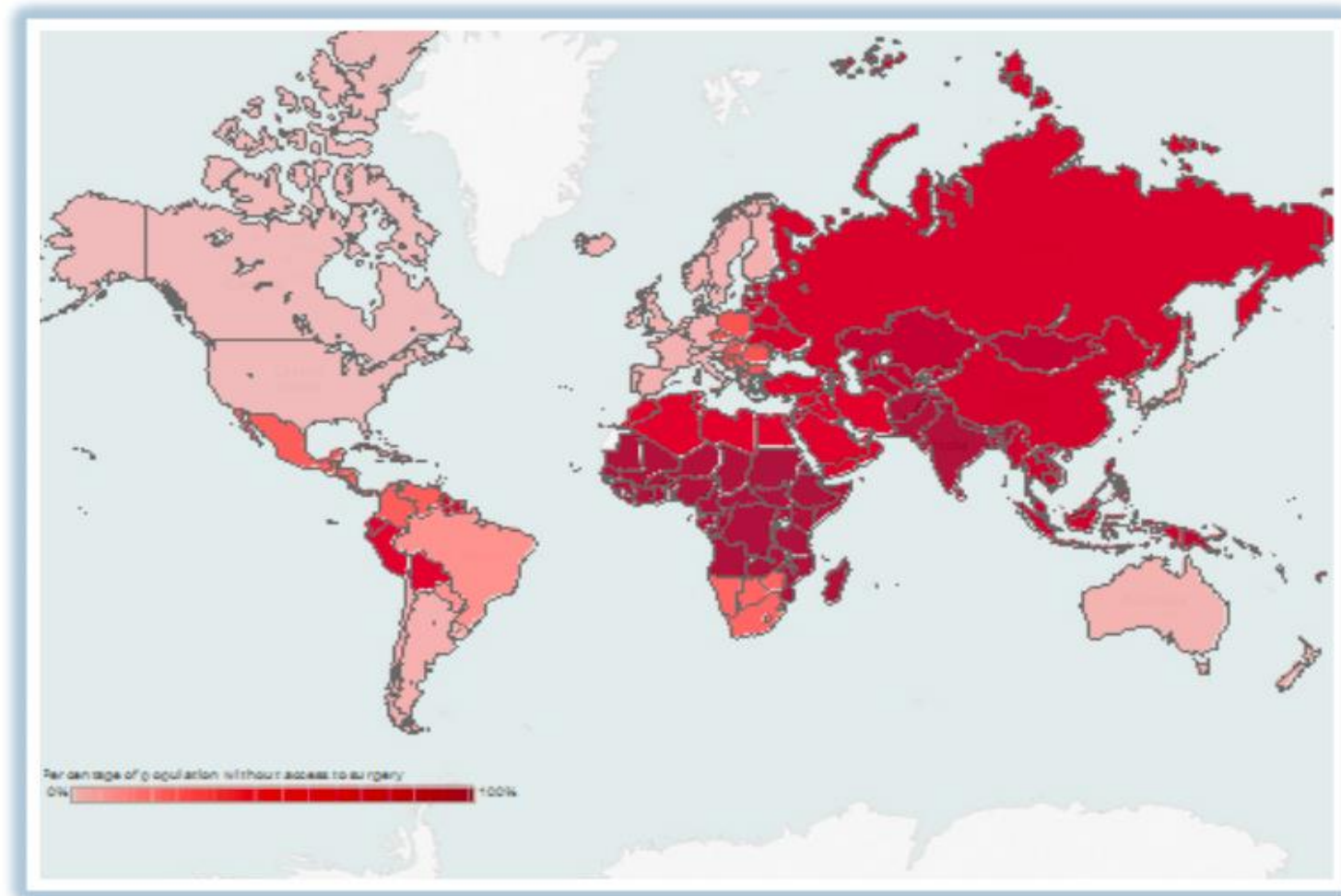


Figure 1. Proportion of the population without access to safe, affordable surgery and anaesthesia by region

The Need in Africa

- 63% of population in SSA lives in rural areas, where district level hospitals are the main providers of healthcare services.
- There are just 1,690 surgeons for a combined population of 320 million, this equates to 0.5 per 100,000 people, 26 times less than in Ireland.
- District level surgery is provided by non-specialists: mainly non-physician clinicians and medical doctors with no formal training in surgery.
- They need training, supervision and professional development for multiple reasons, including quality of care.

The response: our work

COST-Africa 2011-2016 (Clinical Officer Surgical Training – Africa)

AIM:

To demonstrate the effectiveness, cost-effectiveness, safety and feasibility of a model of training & supervision of non-physician clinicians (CO/ML), so as to make safe surgery available at district level hospitals in Malawi and Zambia.

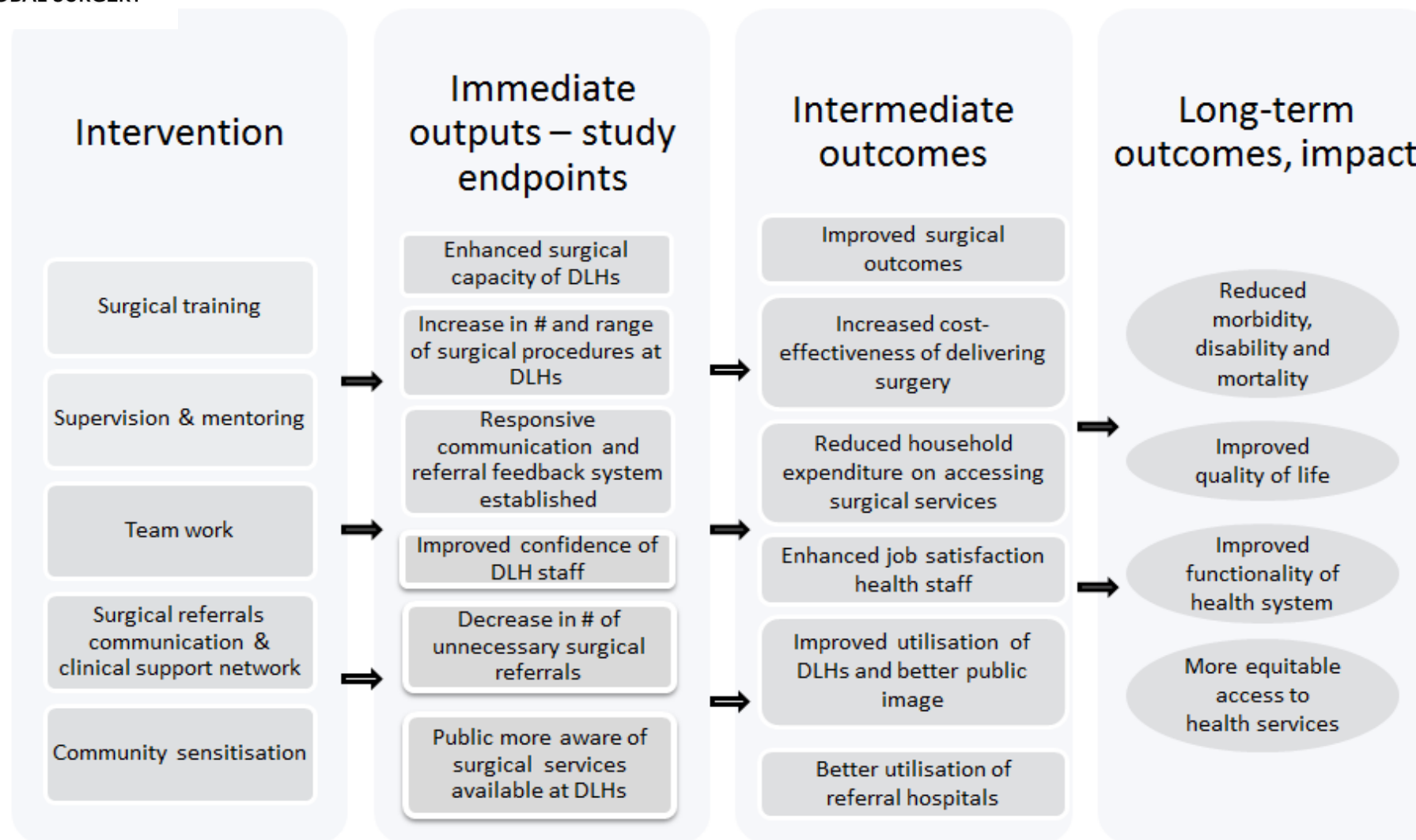
SURG-Africa 2017-2020 (Scaling up Safe Surgery for District and Rural Populations in Africa)

AIM:

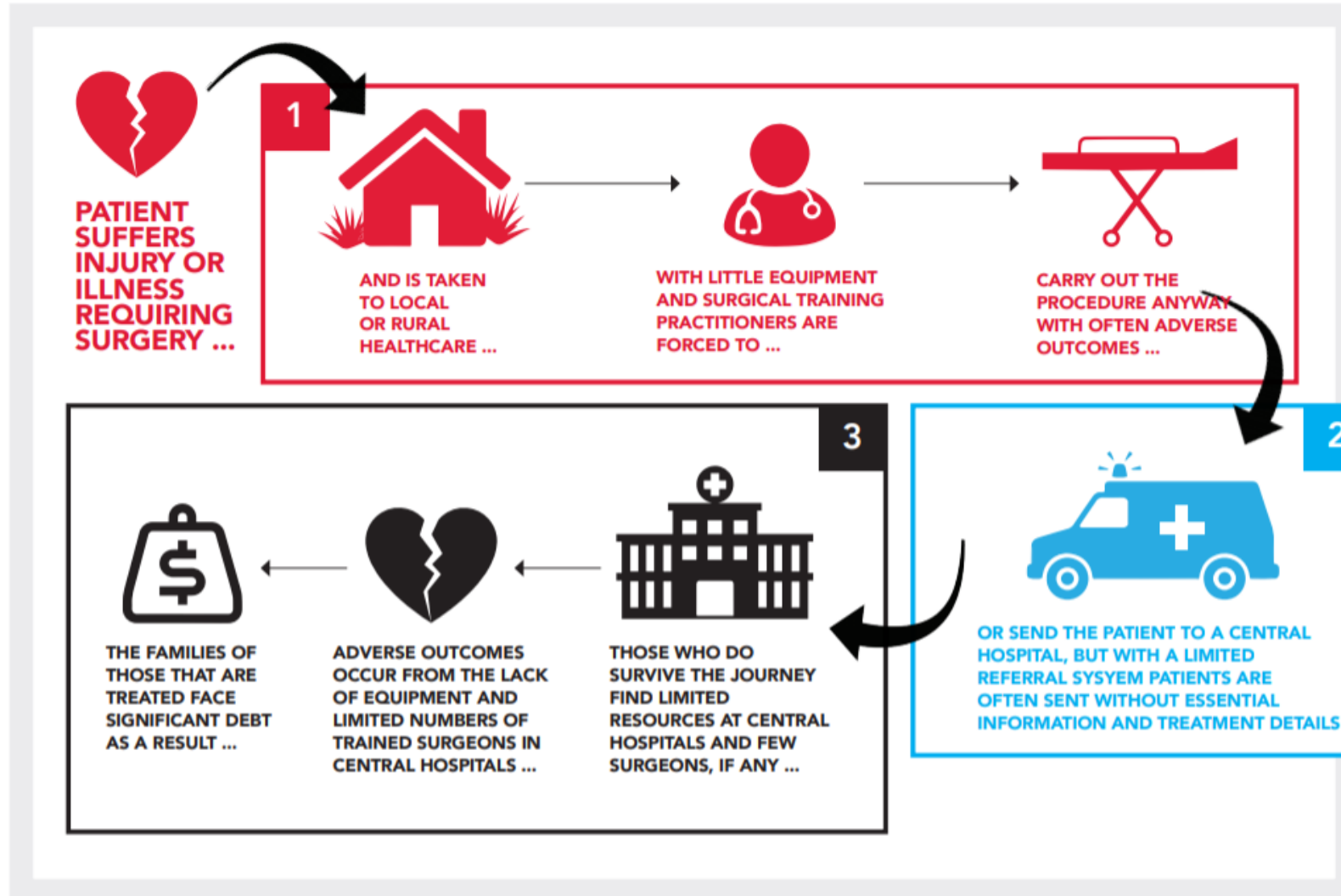
To make emergency and basic elective surgery available to rural populations through district level hospitals in **Tanzania**, Malawi and Zambia

though developing and evaluating country specific models whereby surgeon specialists are supervisors and mentors of **all surgically active district level clinicians**

The response: our work



The response: our work



The response: our work

COST-Africa (2011-2016)

- Aim: to respond to surgical workforce crisis in Malawi and Zambia through development of sustainable training and supervision systems for non-physician clinicians.
- Training programmes for non-physician clinicians
- Enabled surgical specialists to become mentors



COST-Africa findings

Table 6. Wound infection rates after hernia operation by cadre

	Wound infection	
	No	Yes
CA-CO	511 (97.7)	12 (2.3)
MD	33 (92)	3 (8)

Values in parentheses are percentages. Data are based on 559 hernia operations across all intervention hospitals. CA-CO, COST-Africa clinical officer; MD, medical doctor. $P = 0.065$ (Fisher's exact test).

Gajewski et al. British Journal of Surgery, 2019

The response: our work

SURG-Africa (2017-2020)

- Aim: to improve access to and quality of surgical, obstetric, anaesthesia and nursing care in Malawi, Zambia and Tanzania.
- Intervention model:
 - Supervisory teams going to district hospitals to train, supervise and mentor
 - Remote consultations enabled to provide real-time access to specialists for district level surgical providers



The response: our work

https://www.youtube.com/watch?v=ihht4Wu-W_k

<https://www.youtube.com/watch?v=1n2gzPs5AbM>



SURG
AFRICA



Funded by
the European Union

Thank you

jakubgajewski@rcsi.ie